U.S. Department of Labor Office of Labor-Management Standarcs Washington, DC-20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory dinder P.C. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Offici	al Use Phy
E	e ·

1. File Number U

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From

	1 / 1 / 2004 Through: 12 / 31 / 2004			
Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Charles A Yancey	Name IBEW Local 649			
	Labor Organization File Number			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 4166 Waggoner Lane	Street 4051 Humbert Road			
City Bethalto	City Alton			
State IL ZIP Code + 4 62010	State <u>IL</u> ZIP Code + 4 62002			
5. Position in labor organization. Assistant Business Mana	ger			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): As Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street	r.b. Allount			
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable panalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Charles a farment	On 8/10/2005 618-462-1627 Date Telephone Number			
Form LM-30 (2003)				
()	Page 1 of 2			

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leading (6), or otherwise dealing with the business (1) or otherwise dealing with the business (1) or otherwise dealing with the business (1) or otherwise dealing with the consists of buying from or selling or leading (6), or otherwise dealing with your labor organization or with a frust in which your labor organization is interested. 8. Name and address of Business (including trade name, it any). Name Vicki L. Yancey Trade Name, if any. P.O. Box, Bidg, Room No., if any Street 4165 Waggoner Lane City Bethalto State Illinois 2IP Code + 4 62010 11. a. Nature of such dealing. My wife is the cleaning lady at the union hall. 11. a. Nature of such dealing. My wife is the cleaning lady at the union hall. 11. b. Approximate dollar value of such dealing. 12. b. Amount. 2802_00 12. b. Amount. 2802_00 C. Received from any employer (other than an employer covered under parts A and B above) or other thing of value. 13. a. Name and address of Employer or Labor Relations Consultant (including trade name, if any.) Name Becker and Associates 14. a. Nature of poyment. Christmas Clift-Steaks 15. Christmas Clift-Steaks Christmas Clift-Steaks	Name of Person Filing	File Number U -				
Name Vicki L. Yancey Trade Name, Fany:	substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise					
Name IBEW Local 649 Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 4051 Humbert Road City Alton State IL ZIP Code + 4 62002 C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Becker and Associates Trade Name, if any: P.O. Box, Bldg. Room No., if any Street 3673 State Rt 111	Name Vicki L. Yancey Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4165 Waggoner Lane City Bethalto	a. Labor Organization b. Trust				
Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 4051 Humbert Road 11.b. Approximate dollar va.e of such dealing. 12.a. Nature of interest he'd or income received. Payment for Services 12.b. Amount. 2802.00 C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Becker and Associates Trade Name, if any: P.O. Box, Bidg. Room No., if any Street 3673 State Rt 111	10. If 9.b. or 9.c. is checked give trust or employed's name.	11.a. Nature of such dealing.				
City Alton State TL ZIP Code + 4 62002 C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 12.a. Nature of interest he'd or income received. Payment for Services 12.b. Amount. 2802.00 C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Becker and Associates Trade Name, if any: P.O. Box, Bldg. Room No., if any Street 3673 State Rt 111	P.O. Box, Bldg., Room No., if any		ady			
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(including trade name, if any). Name Becker and Associates Trade Name, if any: P.O. Box, Bldg. Room No., if any Street 3673 State Rt 111						
Trade Name, if any: P.O. Box, Bldg. Room No., if any Street 3673 State Rt 111		14.a. Nature of payment.				
City Granite City	Trade Name, if any: P.O. Box, Bldg. Room No., if any Street 3673 State Rt 111 City Granite City	Christmas G:lft-Steaks				
13.b. Is the Business an Employer or Consultant X ?	13.b. Is the Business an Employer or Consultant X ?	14.b. Amount of payment.	48.00			